Whitepaper

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How to Prioritize (and Sustain) Your Open and Direct Scheduling Initiatives

Executive Summary

Despite the inception of patient portals in the late 1990s, recent studies have shown that only 10% of patients with access to their electronic medical records actually access their data. Closing this digital engagement gap comes down to effectively leveraging patient portals such as Epic's MyChart application.

Whether you are incrementally re-enabling self-scheduling as you recover from COVID-19 or you are contemplating its use in the future, now is the time to evaluate or reevaluate your online scheduling options and build. More consumers have been involuntarily introduced to the world of virtual visits and are now ready to make the leap into self-scheduling via patient portals.

Optimizing patient portals requires significant Epic build and operationalization expertise. Maintaining these and ensuring continued patient adoption calls for steady implementation and optimization of Epic's "Direct Scheduling" and "Open Scheduling" tools.

This whitepaper outlines reasons why healthcare organizations must include an element of Open Scheduling and Direct Scheduling optimization in their patient engagement/access initiatives. It also defines best practices for the associated EHR build, methods to increase patient utilization, and tips for patient portal maintenance to ensure sustainability.

Direct Scheduling – Definitions and Best Practices

Definitions

In general, Direct Scheduling refers to a form of online patient appointment scheduling for those with an active MyChart account. It typically features a "lookback" function to filter patients' scheduling options with specific providers, teams, or locations they have a 'relationship' with. It might also feature a "look forward" parameter that enables the ability to schedule with a previously used provider or location. Regardless of the parameters, Direct Scheduling requires an active MyChart account and an existing relationship with a provider.

Organizations must standardize workflows, visit types, and provider schedules prior to or during an online scheduling implementation to ensure that the patient experience during phone encounters mirrors that of online experience. If the patient's experience is better when calling a scheduling center or a provider's office, they will likely abandon attempts to schedule online.

In order to boost patient engagement, allow for patient consumerism, and modernize patient access, organizations must adequately:

- Encourage adoption and activation in creative ways
- Ensure that the provider template build accommodates Online Scheduling
- Employ tactics that will simplify and expedite workflows for the patient AND the clinician
- Integrate with other applications and functionality to increase patient satisfaction

Best Practices

Encouraging Initial MyChart Adoption and Activation

Prompting patients to sign up for MyChart can be half the battle for some organization types and markets. Patients are increasingly aware they must become their own health care advocates. They want the flexibility to schedule an acute visit at the first sign of a cough or sniffle—whether that occurs at 2:00 a.m. or on a holiday or over the weekend.

According to Atlanta-based Piedmont Healthcare, 60% of online bookings are scheduled outside of normal office hours and 20% of those occur between 10:00 p.m. and 4:00 a.m. Yet organizations are overwhelmed with the myriad methods to encourage initial adoption and to keep existing business streamlined.

Encourage MyChart Activation at every patient encounter and in various settings, such as emergency departments, urgent care, physician offices, hospital service departments, and inpatient settings. You can make this possible by implementing intake and discharge workflows that include flags to alert when a patient does not have an active account. This enables your staff to assist in the activation process before the patient even leaves your organization.

You should also offer several activation methods so patients can choose what is most convenient for them:

- Signup at **check-in**
- Signup when **rooming**
- Activation code at **check-out** or on after visit summaries (AVS)
- **Online request** for activation
- **Handouts** to explain the process when needed

Workflows that encourage dialogue on MyChart between the staff and patient will lead to easier adoption of these activation options.

Ensure Provider Template Build Will Accommodate Online Scheduling

The review and standardization of provider templates is an essential precursor to a successful Online Scheduling implementation. Epic's Template Validation report can help identify potential issues with provider schedules.

Test the template build in a real-life setting to ensure there are sufficient openings for patients on a typical day.

Here are a handful of other best practices we've seen work well:

- Keep provider schedules open/unblocked as much as possible unless it is essential that the appointments are only scheduled at certain times. The use of visual blocks will reduce the number of slots open to patients who try to schedule online.
- To balance the number and complexity of visits, use methods such as session limits, provider scheduling rules, and release of same day slot openings.
- Prevent provider burnout by seamlessly controlling the number of extended or documentation-intense visits per day and the amount of time in between those visits.
- Review the security of the MyChart scheduler. The security level must be minimal and generally should not include the ability to break any scheduling rules—such as booking an appointment outside the schedule, overbooking into a slot that already has an appointment, or booking into a slot set aside for other purposes such as meetings or provider rounding.
- Develop an appointment review strategy to ensure all appointments made via MyChart are appropriately scheduled. A message to a scheduling pool can alert clinic staff of new appointments made via online scheduling. This allows for review of reason for visit, appointment length, and insurance coverage prior to patient arrival.

Employ Tactics that will Simplify and Expedite Workflows for the Patient AND the Clinician

Patient hesitation and clinicians' fear of loss of autonomy with their schedules are very real and relatable barriers to a successful online scheduling implementation.

One or two subpar experiences will sour the outlook and stall system adoption. To avoid any hindrances, seek to ensure seamless integration with existing workflows, built-in checks and balances to prevent and identify scheduling issues, and repeatable satisfactory experiences.

Questionnaires and Decision Trees

Questionnaires and Decision Trees allow the patient to answer questions pertinent to the visit, the department, or the specialty area in which they will be seen. These tools can help facilitate scheduling the correct appointment type with the correct provider, location, and duration.

These tools (such as the new-patient history form) also allow additional questions specific to the encounter to be presented to the patient within a reasonable timeframe prior to the appointment.

The questions can be answered at the patient's convenience and location of their choosing, allowing the clinicians to efficiently review the answers and post them to the charts. This electronic method replaces filling out forms manually and scanning them into Epic.

Pushing out reminder messages that prompt patients to fill out a questionnaire has fostered great results. Organizations usually send a reminder one week in advance of the event and another reminder three days prior if their initial reminder is not successful.

Team Scheduling

Typically used for acute visits, Team Scheduling allows patients to specify whether they would prefer to schedule the appointment with their primary provider or are open to seeing any other clinician on the provider's team.

This approach increases provider access and may enable the patient to be seen sooner. It can also help practice managers deal with unanticipated provider outages while diverting business to providers who have new and open practices.

To succeed, Team Scheduling must be an organizational initiative. While it can prevent patient leakage, providers may have concerns about other team members stealing their patient base. The system build can be challenging if providers on the same team are from different specialties or will only see patients in certain age groups. Rigorous system testing is essential to preventing the scheduling of patients with providers who are outside the scope of their practice.

eCheck-In

Patients can typically check in 24-72 hours prior to their appointment within MyChart. The eCheck-In process allows them to view instructions about their upcoming appointment and to verify or update demographics, guarantor information, medications, allergies, and current health issues.

eCheck-In so prompts patients to answer travel history questions and other appointment-related questionnaires, pay outpatient copays, make pre-payment and balance payments, and electronically sign documents. If eCheck-in is completed prior to arrival, it alerts the front desk staff to view the information and eliminates the need to reiterate questions.

Before turning on this functionality, make sure the documents and rules related to those documents are the same for On-site visits, MyChart, and Welcome to provide a uniform patient experience.

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Integrate with Other Applications and Functionality to Increase Patient Satisfaction

In a competitive market where patient satisfaction correlates with increased business, you should never stop assessing additional technology to set your organization apart. Optimization efforts don't end with improving patient scheduling experiences.

Welcome

Consider coupling your Welcome kiosks or tablets with MyChart scheduling to significantly enhance the check-in process. If eCheck-in is completed prior to the patient's arrival, the patient can print a barcode or display it on their phone in the MyChart app. Scanning the code upon entry changes the appointment status to reflect the patient's presence and alerts staff to the patient's arrival.

This can also allow patients to make payments and receive a receipt in near real-time. If eCheck-in is not completed prior to arrival, any unfinished questionnaires can be completed in Welcome, and any of the items that appear in the eCheck-In process can also be validated or updated when arriving at the Welcome kiosk.

RTE and Benefits Engine

If possible, enlist seasoned revenue cycle experts to enable Real-Time Eligibility (RTE) and couple it with the Benefits Engine build. Validating active coverage for the patient, identifying what services require prior authorization, and what coverages are accepted by an organization prior to the appointment date will help to decrease the chances for eligibility-related denials. This RTE approach can also reduce patient frustration, the volume of last-minute cancellations, and wasted provider time.

Financially savvy healthcare organizations generate real-time cost and copay estimates in advance of the visit to help the patient plan for the expense. A recent study found that 65% of patients would consider switching to a new provider if the payment experience was easier.

Patient and Provider Initiated Messages

Patient-initiated messaging allows patients to send messages to providers, nursing pools, or scheduling pools. These messages are typically used to follow up on visits or test results, ask questions about an upcoming appointment, request prescription refills, or ask non-urgent medical questions. In some cases, the messaging process can prevent the scheduling of unnecessary appointments. Depending on the configuration, patients can also send Customer Service and billing-related questions to the appropriate staff.

Provider-initiated messaging allows the clinician to communicate with a single patient. It can also facilitate mass communication with many patients who are in similar situations. For instance, a provider can initiate a "bulk message" to all of their diabetic patients, all that are prescribed a specific medication, or all that fall within a specific age range. Providers can also send questionnaires to patients. These are typically sent prior to an upcoming appointment with questions related to that visit. You can also configure visit-related questionnaires to be sent automatically.

To effectively use the MyChart messaging capabilities, organizations should:

- Include instructions in the messaging to describe what type of communication is appropriate (non-life threatening) and include an estimate of the anticipated timeframe for a response.
- Determine a strategy for how to communicate that a provider is out of office in response to a patient-initiated message.
- Route clinical messages from patients to a department nursing pool for triage. This workflow allows for a group of nursing staff to be aware of incoming messages, to answer messages immediately, to discuss the remainder of the messages with the provider, and to forward messages when necessary.

You can configure certain message types, such as refill requests, to route directly to the MD.

- Consider allowing patients to send messages to therapy providers such as those in PT, OT, and Speech. This can be an effective way for patients to seek post-appointment clarification on prescribed treatment such as exercises. The therapist can then send additional learning materials to the patient when necessary.
- In departments that do not allow scheduling via MyChart, enabling appointment requests lets the patient indicate their electronic scheduling preferences when the front desk staff is available, rather than placing a telephone call and potentially waiting on hold to speak to someone.
- Devise a strategy for automated messaging, including appointment and Health Maintenance reminders, Influenza clinic notifications, and questionnaires.

Scheduling Tickets, Appointment Requests, E-Visits and Telehealth Visits

Here are some additional helpful, but lesser-known features and functions.

Scheduling Tickets

This module lets patients arrange a single appointment in MyChart for a visit they may not normally be able to schedule directly. The scheduling ticket is created by clinical staff, is only good for a specified time period, and specifies what type of visit is needed—as well as where, when, and with whom it should be scheduled.

Fast Pass Wait list

Fast Pass allows patients that have been added to a wait list to electronically receive offers for earlier appointments via MyChart (when appropriate). This functionality can help maintain full provider schedules while eliminating the need for a scheduler to make a phone call to a patient who qualifies for an earlier appointment.

Appointment Requests

An appointment request is a digital ticket that allows a patient to request and schedule a specific type of appointment that is otherwise unavailable to them via MyChart.

E-Visits and Telehealth Visits

E-Visits and Telehealth visits allow the patient to remotely communicate with a provider. Telehealth visits have an added visual component that allows the patient to actually see the provider via web browser or smartphone app. These types of visits have gained popularity with patients and clinicians due to the COVID-19 pandemic.

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Open Scheduling – Definitions and Best Practices

Open Scheduling can help to attract new patients. It is a scheduling method for patients that already have a relationship with an organization but might not have access to one specific provider, or for those with no prior affiliation with the organization. Open Scheduling can be more successful in competitive markets where insurance choices are highly elastic or where there is a lack of HMO-based choices. New providers or those with a very open practice might also elect to prioritize Open Scheduling to help establish their patient base.

Successfully making Open Scheduling discoverable and search engine optimized (SEO) requires tight integration between IT, Marketing, and physician input. However, most organizations do not regularly communicate across such functions. While there are subtle differences between Direct Scheduling and Open Scheduling, the prep work and strategies necessary to make either of these successful and sustainable are similar.

Top performers often start with Open Scheduling in primary care areas before expanding into specialty care as provider comfort with and consumer adoption of the process increases.

Studies have proven that the no-show rate for appointments made online is lower than other methods. When Henry Ford Medical Group Primary Care providers rolled out Open Scheduling in 2019, they reported a no-show rate of just 6% for self-scheduled appointments. In addition, they saw that 60% of open-scheduled appointments were new medical record numbers (MRNs).

Best Practices

The success of Open Scheduling relies heavily on how discoverable you can make your scheduling homepage for prospective patients. Performing Search Engine Optimization (SEO) on your page will significantly increase the chances for you to experience an increase in volume. Marketing departments should research commonly used keywords and key phrases to attain higher rankings in Search Engine Results Pages (SERP). Organizations must also utilize the simplest workflow possible to enable the patient to easily—and accurately—schedule their visit.

Here are some other best practices to keep in mind:

- Start small, then grow. Rolling out Open Scheduling to several family medicine providers with relatively open schedules might be a good way to work out the kinks in your Open Scheduling strategy before you move on to specialty care or providers with tighter schedules.

- Prevent the creation of duplicate patient records by encouraging patients to enter given names instead of nicknames or shortened names. Organizations should also hold and review patient records that match key identifiers before assigning new medical record numbers.

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- Determine a visit type strategy. Some organizations choose to use the same New Patient visit type for all scheduling scenarios. Others choose to develop specialized naming conventions for various visit types so they can easily delineate between Open Scheduling appointments and other types.
- Involve your clinicians in the planning stages to listen to their concerns and build accordingly. Bringing in new business is wonderful, but not if it overloads the provider with six new patient visits in a row. Make use of template enhancements, such as blocks, session limits, and scheduling rules to maximize patient access without creating physician burnout.
- Determine a scheduling offset. In specialty areas where authorization might be required, try using blocks or appointment delays to schedule the appointment far enough out to allow authorization workflows to be completed.
- Employ patient-entered comments, appointment review, and registration techniques to ensure visits are scheduled appropriately.

Conclusion

Patients have been demanding a more connected experience with their electronic medical records since the advent of the EHR. But slow adoption of patient engagement applications is leaving patients dissatisfied with their medical records and distrustful of their data. Patients are now demanding more transparency—both clinical and financial—than ever.

Deploying properly built and tested MyChart for Direct and Open Scheduling instances provides patients with the control and flexibility they desire without negatively impacting providers.

Not only can these tools increase provider accessibility, they can also enhance the clinical experience for all parties by reducing wasted visits and ensuring proper authorization takes place prior to the appointment.

The steps described here will help you prioritize and implement enhancements to Epic MyChart applications that will improve your competitiveness for years to come.